

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

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|---------------------------|--------------------------------------------------------------|--------------------------------------|-------------------------------------------------|--------------------------------------|----------------------|----------------------|
| Name: | Prefix: | <input type="text"/> | First Name: | <input type="text" value="Richard"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Whitman"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Director"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="700 NE Multnomah Street"/> | | | | | |
| Street2: | <input type="text" value="Suite 600"/> | | | | | |
| City: | <input type="text" value="Portland"/> | State: | <input type="text" value="OR: Oregon"/> | | | |
| Zip / Postal Code: | <input type="text" value="97232"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="503-229-5300"/> | | | Fax Number: | <input type="text"/> | |
| E-mail Address: | <input type="text" value="Whitman.Richard@deq.state.or.us"/> | | | | | |

Payee: *Individual authorized to accept payments.*

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|---------------------------|-------------------------------------------------------------|---------------------------------------|-------------------------------------------------|------------------------------------|----------------------|----------------------|
| Name: | Prefix: | <input type="text"/> | First Name: | <input type="text" value="Ethel"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Gallares"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Accounting Manager"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="700 NE Multnomah Street"/> | | | | | |
| Street2: | <input type="text" value="Suite 600"/> | | | | | |
| City: | <input type="text" value="Portland"/> | State: | <input type="text" value="OR: Oregon"/> | | | |
| Zip / Postal Code: | <input type="text" value="97232"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="503-229-6014"/> | | | Fax Number: | <input type="text"/> | |
| E-mail Address: | <input type="text" value="Gallares.Ethel@deq.state.or.us"/> | | | | | |

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

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|---------------------------|--------------------------------------------------------------|--------------------------------------|-------------------------------------------------|--------------------------------------|----------------------|----------------------|
| Name: | Prefix: | <input type="text"/> | First Name: | <input type="text" value="Melinda"/> | Middle Name: | <input type="text"/> |
| | Last Name: | <input type="text" value="Mahoney"/> | | | Suffix: | <input type="text"/> |
| Title: | <input type="text" value="Air Quality Budget Analyst"/> | | | | | |
| Complete Address: | | | | | | |
| Street1: | <input type="text" value="700 NE Multnomah Street"/> | | | | | |
| Street2: | <input type="text" value="Suite 600"/> | | | | | |
| City: | <input type="text" value="Portland"/> | State: | <input type="text" value="OR: Oregon"/> | | | |
| Zip / Postal Code: | <input type="text" value="97232"/> | Country: | <input type="text" value="USA: UNITED STATES"/> | | | |
| Phone Number: | <input type="text" value="503-229-5397"/> | | | Fax Number: | <input type="text"/> | |
| E-mail Address: | <input type="text" value="Mahoney.Melinda@deq.state.or.us"/> | | | | | |

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: